

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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8						
9		8				
10		8				
11		1				
12		8				
13		8				
14	1					
15		1				
16		2				
17		2				
18		2				
19		1				
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

28

	IND		DEP		IND		DEP	
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TOTAL CLAIMS								